



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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June 30, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL DISTRICTS AFFECTED - 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10784281 in amount of \$10,591.90
Account Number 10890123 in amount of \$32,626
Account Number 10733219 in amount of \$4,037
Account Number 10808758 in amount of \$2,907.96
Account Number 10751609 in amount of \$28,518.17
Account Number 10869572 in amount of \$4,124.25

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

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IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:efh
X:Comp.74

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 74A
DATE: June 30, 2005

Amount of Aid	\$56,460.00	Account Number	10784281
Amount Paid	.00	Name	Adult Male
Balance Due	56,460.00	Service Date	07/27/03 to 08/19/03
Compromise Amount Offered	10,591.90	Facility	LAC USC Medical Center
Amount to be Written Off	\$45,868.10	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$56,460.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 7,500.00	\$ 7,500.00	25.00%
Attorney Cost	546.50	546.50	1.83%
Isaac Schmidt, M.D.	1,100.00	207.77	.69%
California Hospital	582.00	110.58	.37%
Los Angeles Fire Department	354.50	66.50	.23%
County of Los Angeles	56,460.00	10,591.90	35.30%
Net to Client	N/A	10,976.75	36.58%
Total	\$66,543.00	\$30,000.00	100.00%

Our financial investigation reveals that the client is a full time student with no income, lives at home with his mother and receives support from other relatives. He has no other tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 74B
DATE: June 30, 2005

Amount of Aid	\$151,318.00	Account Number	10890123
Amount Paid	.00	Name	Adult Male
Balance Due	151,318.00	Service Date	07/14/04 to 10/27/04
Compromise Amount Offered	32,626.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$118,692.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$151,318.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,333.00	\$ 33,333.00	33.33%
Attorney Cost	1,115.00	1,115.00	1.12%
East Los Angeles Doctors Hospital	1,185.00	600.00	.60%
Los Angeles County Fire Department	365.00	365.00	.37%
County of Los Angeles	151,318.00	32,626.00	32.62%
Net to Client	N/A	31,961.00	31.96%
Total	\$187,316.00	\$100,000.00	100.00%

Our financial investigation reveals that the client is unemployed and homeless. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 74C
DATE: June 30, 2005

Amount of Aid	\$32,725.00	Account Number	10733219
Amount Paid	.00	Name	Adult Female
Balance Due	32,725.00	Service Date	05/04/03 to 06/12/03
Compromise Amount Offered	4,037.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$28,688.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$32,725.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,500.00	\$ 5,500.00	36.66%
Attorney Cost	50.00	50.00	.33%
Upland Wellness Clinic	2,915.00	273.33	1.86%
Citrus Alley Medical Center	3,541.77	449.00	2.99%
Queen of the Valley	662.00	100.00	.66%
SAS-Ambulance	388.26	50.00	.33%
West Covina Citrus Valley	102.05	50.00	.33%
Rite Aid	23.99	24.00	.16%
County of Los Angeles	32,725.00	4,037.00	26.91%
Net to Client	N/A	4,466.67	29.77%
Total	\$45,908.07	\$15,000.00	100.00%

Our financial investigation reveals that the client is supported by relatives. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 74D
DATE: June 30, 2005

Amount of Aid	\$19,496.00	Account Number	10808758
Amount Paid	.00	Name	Adult Male
Balance Due	19,496.00	Service Date	12/20/00 to 01/29/03
Compromise Amount Offered	2,907.96	Facility	LAC USC Medical Center
Amount to be Written Off	\$16,588.04	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was injured on private property. He was treated at LAC USC Medical Center at a cost of \$19,496.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$10,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 3,166.67	\$ 3,166.67	31.66%
Attorney Cost	500.00	500.00	5.00%
Los Angeles Fire Department	587.50	87.72	.88%
American Medical Response	352.50	52.89	.53%
Queen Radiology	30.00	4.76	.05%
Joe Farina, M.D.	75.00	11.41	.12%
Hollywood Pathology Medical Group	49.00	7.61	.08%
Team Phys. of California Med. Group Inc.	641.00	94.32	.95%
County of Los Angeles	19,496.00	2,907.96	29.07%
Net to Client	N/A	3,166.66	31.66%
Total	\$24,897.67	\$10,000.00	100.00%

Our financial investigation reveals that the client supports himself and family of three with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 74E
DATE: June 30, 2005

Amount of Aid	\$51,356.00	Account Number	10751609
Amount Paid	.00	Name	Adult Male
Balance Due	51,356.00	Service Date	09/17/02 to 12/23/02
Compromise Amount Offered	28,518.17	Facility	LAC USC Medical Center
Amount to be Written Off	\$23,164.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$51,356.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 40,000.00	\$ 40,000.00	40.00%
Attorney Cost	1,935.34	1,935.34	1.93%
International Orthopedic Center	3,750.00	2,750.00	2.75%
Los Angeles Fire Department Ambulance	587.50	587.50	.59%
Hormoa Zahiri, M.D.	1,550.00	1,000.00	1.00%
Jacob Tauber, M.D.	1,250.00	900.00	.92%
Phelps Medical Center	369.00	250.00	.25%
County of Los Angeles	51,356.00	28,518.17	28.51%
Net to Client	N/A	24,058.99	24.05%
Total	\$100,797.84	\$100,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 74F
DATE: June 30, 2005

Amount of Aid	\$42,849.00	Account Number	10869572
Amount Paid	.00	Name	Adult Male
Balance Due	42,849.00	Service Date	04/11/04 to 07/01/04
Compromise Amount Offered	4,124.25	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$38,724.75	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus bicycle accident. He was treated at Harbor UCLA Medical Center at a cost of \$42,849.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,817.47	\$ 4,817.47	32.11%
Attorney Cost	547.58	547.58	3.66%
American Medical Response	665.50	64.08	.43%
Hawthorne Radiology Association	161.00	15.90	.11%
CA Emergency Physician	458.00	44.33	.30%
ER Special Physicians Medical Association	160.26	15.42	.10%
Little Company of Mary Hospital	644.00	62.15	.42%
Daughters of Charity Health Services	1,957.00	188.37	1.26%
L A Comm. Care Medical Association	3,160.00	302.98	2.01%
County of Los Angeles	42,849.00	4,124.25	27.49%
Net to Client	N/A	4,817.47	32.11%
Total	\$55,419.55	\$ 15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and lives with his grandmother. He has no other source of income or tangible assets.